



December 2025

Special Newsletter for

Personal Injury

Attorneys

### **This Month's Question:**

Can Fibromyalgia be caused by trauma?

### **GO MD Review Answer:**

We recently had a case of a properly seat-belted 39-year-old woman who was driving on a two-lane county road and was struck on the front driver's side by a drunk driver in a small pickup truck. The airbags did not deploy. This woman initially did not think she was seriously injured, but was later diagnosed with a concussion.

The client was immediately taken to a local ER and was thought to have soft tissue injuries to her chest and left shoulder, along with neck strain. She was treated and released from the ER after having negative X-rays.

The client continued to have chest, neck, and left shoulder pain. She was referred to an orthopedic surgeon who did MRIs of her cervical spine and shoulder that were read as normal. The client was then prescribed physical therapy, which did not help her pain and actually aggravated her symptoms.

Upon returning to her orthopedic surgeon after PT, the doctor expressed concern about the client's persistent pain, which should have been resolving by this time. Due to continued symptoms, a three-phase bone scan was done. The scan was negative but showed increased activity in her clavicle and anterior shoulder, along with increased activity in her left upper chest, where the client had continued pain and tenderness.

The client's symptoms continued, and she developed other areas of pain and tenderness. A second orthopedist was seen after several months, and again no specific diagnosis was made, so the client was referred to a rheumatologist who diagnosed fibromyalgia, possibly related to her auto crash. The rheumatologist also noted possible post-concussion symptoms. The client continues to be followed by the rheumatologist and a neurologist.

In addition, the client is missing more & more time at work and has significant changes in her activities of daily living and with family interactions due to muscle pain and fatigue. She also developed pain under her left breast that resulted in a **positive thermography test**, but with no evidence of an underlying cancer. After almost a year post-auto crash, the client has had no improvement in symptoms. She is likely to have lifelong symptoms and was given a delayed diagnosis of Fibromyalgia, as no direct link was initially made between the auto crash and her symptoms. However, on closer examination, there is a direct link.

Fibromyalgia is now recognized as a disease, but it is still poorly understood. The exact trigger for the disease is not clear, but trauma has been reported to precede its development. **We have clues in this case that, with her traumatic injury, there was enough inflammation developing to be picked up with the increased flow of blood in the bone scan and the increased heat seen in the thermography. The client had negative CTs and MRIs because there was no *structural* damage to be visualized.**

With traumatic injury, events at the microcellular level are thought to alter interactions at nerve endings, leading to increased sensitivity to signals, including pain signals.

With Fibromyalgia, there is a dysregulation of pain processing, and this dysregulation has been shown throughout the nervous system. Central nervous system sensitization is often considered the primary mechanism, characterized by an increased response to stimulation mediated by central nervous system signaling. On her first examination by the orthopedist, this client demonstrated tenderness to light touch (allodynia, defined as pain where it is not usually present).

**New functional neuroimaging studies have shown that various brain areas are involved in this complex process. The medical literature indicates that the pathway culminating in the pain of fibromyalgia is activated by an inflammatory response at the cellular level in response to, for example, traumatic injury in an auto crash.**

### **ALLOW ME TO OPTIMIZE YOUR CLAIM'S POTENTIAL**

- \* Assessment of Case Validity and Value**
- \* Determination of Future Medical Care**
- \* Assistance with Strategies to Promote Medical Theories & Causation**
- \* Medical Summary Reports for Settlement Letters**
- \* Medical Research and Delivery of Medical Journal Articles**
- \* Answering Specific Medical Questions**
- \* Interpretation of Meaning, or lack thereof, of Medical Reports & Records**
- \* Standard of Care Reviews**
- \* Deposition & Trial Question Preparation**

**\* Facilitation of Communication with Clients, Families & Professionals**

**\* IME Observation & IME Rebuttal Reports**

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Best regards,

Joe Schifilliti MD, MJ

**P.S.---Please reply if you have a case to discuss!**

**P.P.S. ---If you found this newsletter helpful, please reply with: Yes**

**P.P.P.S ---If you are interested in learning more about the AstroPhotos accompanying this mailing, please visit <https://www.johnsastrophotos.com/>**