CONFIDENTIAL REPORT PREPARED FOR:

[redacted]

FRONTLINE LEGAL NURSE CONSULTING

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Personal Injury Fact Sheet and Summary

Patient Information

Name: [redacted]
Date of Birth: [redacted]
Date of Injury: [redacted]
Date of Death: *N/A*
Primary Care Physician: N/A
Treating Physicians:

- [redacted] PA-C [05.27.2021] Immediate Care
- [redacted] PT [06.04.2021 – 06.21.2021]Physical Therapy
- [redacted] PT [06.11.2021] Physical Therapy
- [redacted] PT [08.04.2021] Physical Therapy
- [redacted] DC [08.18.2021 – 12.10.2021] Chiropractor
- [redacted] DC [09.01.2021- 10.01.2021] Chiropractor

Records Reviewed

File Name/Designation	Relevant Pages	Total Pages
220927 - Bates 00100 - [redacted].pdf	24	24
220927 - Bates 00101 - [redacted].pdf	2	2
220927 - Bates 00102 - [redacted].pdf	2	2
220927 - Bates 00103 - [redacted].pdf	2	2
220927 - Bates 00104 - [redacted].pdf	5	5
220927 - Bates 00105 - [redacted].pdf	3	3
220927 - Bates 00200 - Accident Care.pdf	2	2
220927 - Bates 00201 - Accident Care.pdf	1	1
220927 - Bates 00202 - Accident Care.pdf	23	23
220927 - Bates 00203 - Accident Care.pdf	0	2
220927 - Bates 00204 - Accident Care.pdf	0	2
220927 - Bates 00205 - Accident Care.pdf	2	2
TOTAL	**66**	**70**

Prior Medical Conditions

The Following are Prior Medical Conditions based on the review of the above records:
None

Injuries Sustained from Accident

The Plaintiff is Claiming the Following Injuries as a result of the Accident: (According to the medical records and discovery responses)
05.27.2021 Neck pain
05.27.2021 Shoulder pain
05.27.2021 Back pain
05.27.2021 Abdominal pain

Additional Medical Diagnoses

Other Medical Diagnoses found in the Medical Records AFTER the Date of the Incident that are Pertinent to this Claim:
05.27.2021 R51.9 Acute nonintractable headache, unspecified headache type Acute
05.27.2021 S16.1XXA Cervical strain, acute, initial encounter Acute
05.27.2021 V89.2XXA MVA (motor vehicle accident), initial encounter Acute
05.27.2021 S06.9X0A Mild traumatic brain injury, without loss of consciousness, initial encounter Acute
08.18.2021 S06.0X0A Concussion with no LOC
08.18.2021 H53.14 Post-traumatic photophobia
08.18.2021 R42 Vertigo
08.18.2021 S13.0XXA Suspected traumatic rupture of cervical disc
08.18.2021 S33.0XXA Suspected traumatic rupture of lumbar disc
08.18.2021 S13.4XXA Sprain of cervical ligaments
08.18.2021 S23.3XXA Sprain of thoracic ligaments
08.18.2021 S33.5XXA Sprain of lumbar ligaments
08.18.2021 S33.6XXA Sprain of sacroiliac ligaments
08.18.2021 M99.01 Joint dysfunction of the cervical spine
08.18.2021 M99.02 Joint dysfunction of the thoracic spine
08.18.2021 M99.03 Joint dysfunction of the lumbar spine
08.18.2021 M99.04 Joint dysfunction of the sacroiliac joint
08.18.2021 M62.49 Spasm of multiple muscles
08.25.2021 M40.202 Traumatic acquired cervical kyphosis deformity
08.25.2021 S13.4XXA Torn posterior cervical ligaments at C2-C3, C5-C6 and C6-C7

Narrative Summary of the Case

The Facts

This case involves a 30-year-old female, [redacted] ([redacted]), who was involved in a motor vehicle accident in which she was struck from behind on 05.25.2021. She did not seek care for her injuries until 05.27.2021.

[redacted] presented to [redacted] on 05.27.2021. She reported she had been involved in an MVA two days prior and began having symptoms the following day. She said she was the restrained driver and was at a complete stop when she was hit from behind—no airbag deployment. No emergency medical services came to the scene. However, the police did come to the scene.

She complained of neck pain that was worse with neck movement, occipital, and posterior headache, generally feeling tired, mildly lightheaded, sensitive to light, shoulder pain, back pain, and abdominal pain that came and went where the seat belt was. She reported that the headache worsened if she tried to focus, talk, or take care of her toddler. She informed the provider that her husband massaged her back with CBD lotion, which helped with her pain. This was the first MVA she had ever experienced.

The assessment revealed malaise/fatigue, palpitations, which she attributed to anxiety from the accident, back pain, myalgias, mild intermittent tingling in the left 4th and 5th toes, and she had been nervous/anxious. In addition, it was noted she appeared generally tired, was mildly tender to self-palpation of the right mid abdomen, and had slightly reduced neck range of motion in all directions due to tightness, tenderness in the bilateral upper trapezius and scalene musculature, which was hypertonic.

The provider discussed with [redacted] the possibility that she had a mild traumatic brain injury motion causing a lingering headache, sensitivity to certain activities, and trouble focusing. In addition, it was noted that she most likely had a whiplash and related tension headache. The provider recommended that she rest over the weekend, stay hydrated, and avoid activities that worsened her symptoms. A referral was made for [redacted] to begin physical therapy.

She had quite a bit of muscular tension, and the provider wrote her a prescription for tizanidine with instructions that if this medication made her sleepy, only to take it at bedtime.

On 06.04.2021, [redacted] saw physical therapy for the first time. She reported social issues creating difficulties for her in obtaining health care. She said she had trouble paying living expenses, was worried about running out of food, actually did run out of food in the previous year, had a lack of transportation from medical and non-medical needs, feelings of stress, and had issues with intimate partner violence, in that she was afraid of her current or ex-partner, emotionally, physically, and sexually abused.

The history of present illness stated she was referred to outpatient rehabilitation to address changes in function following her motor vehicle accident. Her injury was described as a whiplash injury from a rear-end collision while she was at a complete stop at a stoplight.

The therapist noted decreased range of motion with cervical extension, flexion, rotation left, and rotation right. However, her lumbar range of motion was all noted as normal. Her primary

complaint with physical therapy was neck and low back pain. In addition, lifting greater than 25 pounds, bending forward, and navigating stairs while holding her daughter all increased her discomfort.

Her physical examination revealed tenderness to palpation to bilateral upper traps, levator scapulae, and thoracolumbar paravertebral musculature. she had signs and symptoms consistent with cervical and lumbar strains.

The therapist noted that [redacted] demonstrated good potential to achieve established goals and had good potential to achieve prior status by participating in skilled physical therapy services.

During her physical therapy visit on 06.11.2021, [redacted] had cervical tightness extending over her ears. She had full cervical range of motion with mild pain at end ranges.

She saw PT again on 06.21.2021. She reported she was doing well that day and noted improvements in her neck and shoulder pain after soft tissue mobilization to her shoulder blade was performed at the last session.

On 08.04.2021, [redacted] saw PT for the last time. She reported she was having increased pain in her neck while driving and was continuing to experience dizziness. She was having difficulty attending PT sessions due to her busy life. She reported that she wanted to be continued to be called for appointments and did not want to commit to dates for her sessions. The therapist did spend time with her to discuss her cancellation issues. It was noted that she had pain with full cervical extension.

[redacted] saw the chiropractor for the first time on 08.18.2021. The history of present illness reported she was the seatbelt-restrained driver of a [redacted]. She did not recall hearing any breaking from the vehicle that hit her from behind. She did not anticipate the crash and was unable to brace for impact. Upon impact, she recalled being thrown aggressively backward initially, then forward. She reported she felt her head jerk, although she did not remember hitting her head on the restraint or steering wheel. Her seat belt did lock across her chest and lap. She did not recall losing consciousness as a direct result of the impact. She reported that police did come to the scene, although she was uncertain if a police report had been filed. No EMS came to the accident scene.

A day after the crash, [redacted] sought evaluation of her injuries and pain complaints secondary to the collision. No imaging was performed during this visit. At their office, she was given prescriptions and recommended conservative therapies, such as physical therapy. [redacted] Was unable to schedule PT due to scheduling conflicts with their office. She reported that she had obligations with scholastic endeavors. It was noted that in conjunction with this, she did not know insurance would cover her medical care until recently. Due to her ongoing pain, she had chosen to seek more formal care.

[redacted] reported headache and concussion symptoms, with the onset of her headache pain beginning the following day after the crash. This pain originated in her occipital region and radiated around her head in a holocranial [encompassing the entire head] manner. This pain was initially rated eight out of 10 on the oral pain scale but was 5-6/10 at this visit. It was originally constant but was intermittent at that time.

[redacted] reported photophobia, dizziness, difficulty multitasking and sequencing, and feeling tired after the MVA.

The day following the crash, she began experiencing severe neck pain. This pain was referred from the neck into the upper shoulder blade regions bilaterally. She reported the pain was unrelenting at 6 out of 10 oral pain scale on average. In addition, she said this pain was more bothersome based on her activities and positions, primarily while maintaining her head and neck in one position for an extended period, such as while driving.

She also began experiencing upper back pain on the day following the crash. She reported that this pain was associated with her neck, shoulder blades, and upper back. She said this pain remained constant at five to six out of 10 on the oral pain scale. This pain could be more bothersome based on her activities and positions.

The day following the accident, [redacted] began experiencing low back pain. Initially, this pain was six out of 10 on the oral pain scale and was primarily felt in the midline lower back. She reported that this area was less bothersome because other sites were more painful. During this visit, she said that this pain occurred intermittently. This pain was mild on average however could be more bothersome based on her activities.

She also reported pain in her right lower quadrant in her abdominal region that she rated 6 to 7 out of 10 on the oral pain scale. Initially, she noted this pain was sharp with specific movements; however, she reported that this pain had resolved during this visit.

Following the crash, [redacted] could not sleep due to pain and positional discomfort. She reported tossing and turning to find a more comfortable sleeping position. At the time of this visit, she felt she could initiate and stay asleep; however, she felt exhausted due to her persistent symptoms since the crash. When she woke up in the mornings, she had difficulty getting out of bed and noted this was abnormal compared to pre-crash.

[redacted] reported she had post-crash anxiety. She remained hyper-vigilant while driving and noted an abnormally heightened fear of being struck by another vehicle.

Her physical assessment during this visit revealed decreased range of motion in the cervical region, and all neck movement increased pain and would elicit facial grimaces. [redacted] had the following tests performed by the chiropractor:

Cervical compression in the neutral position: Positive.
[redacted] experienced pain during this test, which indicated one or more nerve roots were getting compressed in her spine.

Jackson cervical compression left and right: Positive.
[redacted] experienced pain during this test, which indicated one or more nerve roots were getting compressed in her spine.

Spurling cervical compression: Positive.
[redacted] experienced pain during this test, which indicated one or more nerve roots were getting compressed in her spine.

[redacted] had spasms and tenderness of the suboccipital muscles, cervical paraspinal, bilateral upper traps, and levator scapulae, right greater than left. It was also noted that she had an abnormal restriction to normal motion palpated at C3, C4, C5, and C7.

It was noted that she had decreased ROM in all her lumbar regions. In addition, all movement in her lumbar region elicited pain. The therapist performed the following tests:

Straight leg raise left and right: Positive.
This was indicative of a lumbar disc hernia or sciatica.

Left and right-sided thigh thrust: Positive.
This indicated a sacroiliac joint issue.

Sacroiliac provocation: Positive
This indicated a possible sacroiliac lesion and/or sprain of the posterior sacroiliac ligaments.

Sacral thrust: Positive.
This indicated a sacroiliac joint issue.

It was noted that [redacted] had spasms and tenderness of the thoracic and lumbar paraspinal that was worse when palpated distally. There were joint restrictions to normal motion palpated at T1, T3, T6, T7, T8, T9, T-12, L1, L2, L4, L5, and bilateral sacroiliac joints.

The therapist stated: The need for evaluation and treatment is a direct result of the crash of [redacted] and the injuries she sustained in that event.

On 08.25.2021, [redacted] saw the chiropractor again. She cited similar complaints to her initial visit. In addition, she reported that using transdermal CBD cream relieved pain but only for a short time.

The therapist noted that the bilateral suboccipital, bilateral cervical paraspinal, bilateral upper traps, bilateral thoracic paraspinal, and bilateral lumbar paraspinal were all in involuntary muscle contraction with tenderness. In addition, she had joint restrictions in the cervical, thoracic, lumbar, and sacral regions.

It was noted that there was radiographic evidence of torn posterior cervical ligaments, most notable at C2-C3, C5-C6, and C6-C7. In addition, there was acute angulation or kinking of the cervical spine with greater than 7 degrees variance compared to two at the adjacent level. This was objective evidence of ligament injury. In the neutral position, 10 degrees of angular variance were measured between segments C4-C5 and C5-C6, and 9 degrees of angular variance was measured between segments C5-C6 and C6-C7. In addition, greater than 1 mm of translational shift (anterior or posterior) could be clinically significant and above normal motion, possibly signifying ligament failure or sub-failure. In the neutral position, 2.8 mm anterolisthesis was measured between segments C2-C3. [This note annotates an X-ray/CT/MRI, but we do not currently possess the imaging results referenced.]

The therapist noted that these findings lowered her injury threshold and increased the likelihood of cervical disc injuries. He stated:

> "These findings lower her injury threshold the likelihood of cervical disc injuries. Based on mechanism of injury, persistent neck and low back pain with associated referral consistent with discogenic referral patterns since it's onset, it is medically reasonable to assume that Ms. [redacted] has sustained a cervical and lumbar disc injury secondary to the crash."

[redacted] saw the chiropractor on 09.01.2021. She reported persistent moderate to severe neck pain with pain referral into the upper shoulder blade regions. The occipital headaches that radiated around her head were also moderate to severe. Since the crash, she had had intermittent bouts of photophobia and phonophobia, but she felt like these were improving. She reported upper back pain, also moderate to severe, with abnormal soreness and stiffness residing between her shoulder blades. The low back pain she was experiencing was less of a complaint by comparison but was still moderate. She reported that all this pain was secondary to the crash she had experienced.

She told the chiropractor that she was working in a nursing home under duress because she was financially unable not to work. At this job, she frequently had to bend, twist, lift, and move patients who could not do so themselves. She reported that this does flare up her pain complaints.

The chiropractor noted on palpation that she had moderate to marked tenderness at the base of the skull, cervical paraspinal, upper traps, levator scapulae, and in the thoracic and lumbar paraspinal musculature. She had provocation tenderness of the SI joints bilaterally. Her passive range of motion was restricted and painful. She had palpable restrictions at C2, C3, C5, T3, T6, T7, T11, 12, L3, L4, L5, and bilateral SI joints.

The chiropractor stated:

> "Based on findings today denoted on cervical and lumbar radiographs, I do suspect disc injuries in the neck and low back as a direct result of the crash."

The chiropractor provided her with a rigid lumbar orthosis to prevent her low back pain exacerbation. In addition, he recommended she abstain from the portions of her job that required her to lift and move patients if able.

[redacted] saw the chiropractor on 09.13.2021. She reported she had experienced a recent "severe" headache. The pain stemmed from the base of her skull, wrapped around her head, and was constant. In addition, she reported neck pain which was moderate to severe that traveled into her upper shoulder blade regions bilaterally. She also had upper back pain, which she associated with stemming from her neck, primarily felt in the left upper scapular area. Finally, she associated her low back pain, which was lesser in severity, as most notable with specific trunk movements such as bending and twisting.

She reported that these pains and complaints had been existing in the same areas since she was involved in the motor vehicle accident. Before this accident, she did not have these complaints.

The assessment revealed moderate and involuntary muscle contracture with associated tenderness of the bilateral cervical paraspinal, bilateral thoracic paraspinal, proximal and distal, and bilateral lumbar paraspinal. In addition, there was a restriction to normal movement motion palpated in the cervical, thoracic, lumbar, and sacral regions.

[redacted] went to the chiropractor on 10.01.2021 but had to leave before seeing him.

On 10.12.2021, there was a chiropractic re-examination performed. She reported that she had continued suffering from intermittent headaches since the crash. However, she felt this was primarily occurring when she had neck pain. She said that when she did have a headache, it was an occipital headache that stemmed from her neck. She reported this pain was five to six out of 10 on the oral pain scale on average. She had continued difficulty concentrating, forgetfulness, brain fog, episodes of dizziness, and abnormal fatigue. She was having difficulty reading andwas experiencing poor concentration and forgetfulness.

Despite her neck pain "always" being present, she reported that the pain in her neck had improved and felt less severe. Her pain emanated from the neck, primarily in the middle and lower aspects, and referred bilaterally across the tops of her shoulders and between her shoulder blades. At times when her neck pain was more bothersome, it continued further into the posterolateral aspects of bilateral upper arms. This pain fluctuated in severity based on her activities and positions.

She continued to suffer from upper back pain, which she associated with stemming from her neck. This pain is also located in her bilateral shoulder blade regions fairly constantly. This

pain varied in severity based on her activities and positions.

Her low back pain continued to improve with conservative care. However, she suffered from intermittent, episodic flare-ups with activities such as lifting and bending. She was utilizing the rigid lumbar orthosis the chiropractor had provided.

All her subjective symptoms were not present before her crash.

The tests performed by the chiropractor of the cervical region continued to point towards compression of spinal nerves. In addition, it was noted that she had restrictions to the normal range of motion at C2, C3, C4, C6, and C7.

The tests performed of the lumbar and sacroiliac regions were positive as they were prior. Involuntary muscle contraction was also noted in the bilateral thoracic paraspinal, bilateral lumbar paraspinal, and bilateral quadratus lumborum. Joint restrictions to normal motion palpated at T2, T3, T4, T8, T9, T10, L3, L4, L5, left pelvis and right pelvis.

The chiropractor noted that [redacted] was improving. However, she was still suffering from occipital headache pain on an intermittent basis, had difficulty concentrating, forgetfulness, brain fog, episodes of dizziness, and abnormal fatigue. This was consistent with concussion/post-concussion symptoms. In addition, she had ongoing neck and low back pain with associated referral patterns consistent with discogenic pain. The chiropractor noted that the positive cervical and lumbar orthopedic tests further suggested probable disc injuries in those regions. He recommended that soft tissue MRIs be performed.

She continued to have palpatory spasms with abnormal tenderness throughout the back of her head, neck, top of the shoulders, mid back, and low back musculature. This was all further indication of unresolved injuries secondary to the crash.

On 10.19.2021, [redacted] had a lumbar spine MRI. The report is as follows:

> REPORT
>
> At L4-5, there is a minimal disc bulge. Minimal flattening of the anterior thecal sac is noted. There is minimal bilateral neural foraminal narrowing. Minimal facet hypertrophic changes are pointed out.
>
> At L5-S1, there is a minimal disc bulge. Mild left lateral recess encroachment is noted crowding the traversing left S1 nerve root. There is mild left neural foraminal narrowing crowding the exiting left L5 nerve root. Minimal right neural foraminal narrowing is noted. There are minimal facet hypertrophic changes.
>
> IMPRESSION

1. Minimal disc bulge at L5-S1 crowding the traversing left S1 nerve root within the lateral recess and exiting left L5 nerve root within the neural foramen

2. Minimal disc bulge at L4-5.

On the same day, she had a cervical spine MRI. The results are as follows:

REPORT

There is loss of cervical lordosis. The mid sagittal diameter of the spinal cord measures approximately 7 mm and the mid sagittal dimension of the thecal sac measures approximately:

C2-3	12 mm
C3-4	12 mm
C4-5	12 mm
C5-6	12 mm
C6-7	12 mm
C7-T1	13 mm

At C5-6, there is a minimal disc bulge. Minimal flattening of the anterior thecal sac is noted. The neural foramina are patent.

At C6-7, there is a minimal disc bulge. Minimal flattening of the anterior thecal sac is noted. The neural foramina are patent.

IMPRESSION

1. Minimal disc bulge at C5-6 and C6-7.

2. Minimal supra odontoid soft tissue edema.

3. Tiny syrinx or persistent central canal in the cervical spinal cord.

[redacted] saw the chiropractor again on 10.20.2021. She reported she had recently taken a walk with her daughter and had to carry her daughter. She said this caused an exacerbation of her neck pain that referred to her bilateral shoulder blade regions. This was the same pain in the same area she had experienced since her crash. However, she reported that her low back pain had been less bothersome as of late.

The objective evaluation by the chiropractor revealed that the bilateral suboccipital, bilateral cervical paraspinal, bilateral upper traps, bilateral levator scap, bilateral thoracic paraspinal, bilateral lumbar paraspinal, and bilateral quadratus lumborum were all in involuntary muscle

contraction with tenderness present. In addition, there was a restriction to normal motion in the cervical, thoracic, lumbar, and sacral regions.

The chiropractor reviewed her cervical and lumbar MRI findings and noted they were objectively supportive of the pain complaints she had been experiencing as a direct result of her crash.

The cervical MRI denoted cervical disc bulges at C5-C6 and C6-C7 with subsequent flattening of the anterior thecal sack at these levels. In addition, the chiropractor noted the following:

> "Based on neck pain with pain referral, I believe that the disc bulges at these levels contribute to her ongoing pain with associated referral into bilateral upper scapular and parascapular areas, and at times into bilateral upper arms. Another possible reason for persistent neck pain with associated referral may be due to a syrinx measuring between C2-C7. Based on the mechanism of injury, it's medically reasonable to assume that syrinx was possibly caused due to a forceful traumatic injury, as a direct result of this collision. if it was present prior, it's reasonable to assume that this was rather worsened to, or at the very least, made symptomatic as a result of the crash."

The lumbar MRI also denoted disc bulges at L4-L5 and L5-S1 with subsequent encroachment of nervous tissue at those levels. The chiropractor noted the following:

> "Based on ongoing low back pain with pain referral, I believe that the disc bulges at these levels contribute to her persistent low back pain with associated referral into the lumbosacral areas. Also, it's medically reasonable to assume that there may be small annual tearing, which was not picked up on cervical and lumbar MRI, and those areas of cervical and lumbar disc bulges. Further acute injury denoted on cervical MRI includes supra odontoid soft tissue edema. Confirmation of these injuries best fit her pain complaints related to the crash."

Based on the findings of these two MRIs, the chiropractor recommended that [redacted] have a neurosurgical consult with Dr. Brett. [We do not have a copy of any notes from Dr. Brett.]

[redacted] saw the chiropractor again on 11.05.2021. She reported she was continuing to suffer pain as a direct result of the crash. She was continuing to work, under financial duress, as a nurse despite her injuries and pain complaints secondary to the collision. This job required her to have sustained postures, repetitive movements, and bending when lifting patients. Her most concerning symptom during this visit was her neck pain.

The chiropractor noted involuntary muscle contractions of the bilateral suboccipital, bilateral cervical paraspinal, bilateral upper traps, bilateral levator scap, bilateral thoracic paraspinal, bilateral lumbar paraspinal, and bilateral quadratus lumborum with associated tenderness. There was also restriction of normal motion in the cervical, thoracic, lumbar, and sacroiliac regions.

[redacted] saw the chiropractor again on 11.19.2021. She reported continuing to work as a nurse and was having difficulties due to her pain exacerbation from bending, lifting, twisting, and repetitive movements. She said her neck pain continued to refer to her bilateral shoulder regions. She had continued upper back pain stemming from her neck and was notable in her upper shoulder blade regions. Her low back pain traveled across her hips and into her glutes bilaterally, which she described as "soreness" that continued past her glutes into her posterior thighs and calves bilaterally. This issue was transient. She emphasized that these symptoms had never occurred before the crash.

The chiropractor noted involuntary muscle contraction in the bilateral suboccipital, bilateral cervical paraspinal, bilateral upper traps, bilateral levator scap, bilateral thoracic paraspinal, and bilateral lumbar paraspinal with associated tenderness. Joint dysfunction was also noted in the neck, upper back, low back, and sacral areas.

On 12.03.2021, [redacted] had a chiropractic reexamination performed.

She reported improvement in her headache pain complaints noting she had no current or recent headaches. However, she did say she continued to have symptoms associated with concussion/post-concussion symptoms, such as photophobia, forgetfulness, and irritability. The photophobia was most noticeable while driving at night, as she noted that headlights from oncoming vehicles had not bothered her before the crash. Despite her ongoing forgetfulness, she felt this was less severe and more sporadic, although she still recognized the difficulty recalling conversations with others at times.

She reported that her neck pain at this visit was no longer constant and only occurred intermittently. She said the pain averaged 5-6/10 on the oral pain scale, although it could reach 7-8/10 at its worst. Her neck pain was most noticeable in the middle and lower aspects and still referred to her bilateral scapular regions. When her neck pain was worse, this pain did travel further down into her arms.

She reported that the upper back pain had improved and was no longer constant. This pain was primarily felt bilaterally in the upper scapular areas, and she associated this as stemming from her neck. On average, this pain was rated at 4-5/10, although it could sometimes be more bothersome. She reported intermittently that she was also tingling along the top of her shoulders, which she also associated with stemming from her neck.

[redacted] reported she was continuing to have intermittent low back pain. She primarily noticed this back pain with prolonged postures, especially standing, or repetitive movements such as bending. However, when this pain was more bothersome, it would radiate bilaterally across the top of her hips and proximal gluteal regions.

The chiropractic examination revealed continued positive tests in the cervical regions that indicated spinal nerve compression. In addition, she continued to have mild to moderate muscle

contracture with associated tenderness of the suboccipital muscles, cervical paraspinal, bilateral upper traps, and bilateral levator scapulae. Joint restrictions were palpated at C3, C4, C6, and C7.

Lumbar testing revealed an indication of lumbar spinal nerve root compression. She had mild to moderate muscle contracture with associated tenderness of the thoracic and lumbar paraspinal. There were palpable restrictions to normal motion noted at T1, T3, T4, T5, T7, T8, T10, T-12, L1, L3, L4, L5 and bilateral sacroiliac joints.

The chiropractor further noted that [redacted] appeared to be improving with ongoing care. However, she continued to have positive cervical compression tests and lumbar nerve tension tests, indicating unresolved injuries in these regions secondary to her motor vehicle collision. In addition, she had ongoing palpatory spasms with abnormal tenderness throughout the back of her head, neck, top of the shoulders, upper back, and low back, further indicative of unresolved injury as a direct result of her crash.

[redacted] saw the chiropractor [redacted] the final time on 12.10.2021. It was noted that she had involuntary muscle contraction in the bilateral cervical paraspinal, bilateral upper traps, bilateral levator scap, bilateral thoracic paraspinal, and bilateral lumbar paraspinal with associated tenderness. In addition, range of motion restrictions was noted in the cervical, thoracic, lumbar, and sacroiliac regions.

Discussion of Claims and Injuries

1. **Neck Pain:** Ms. [redacted] reported neck pain right after the accident and continued to have this complaint throughout all the records.

2. **Shoulder Pain:** Ms. [redacted] reported shoulder pain during her initial visit after the accident. This pain is consistent throughout all the records, and she reported consistently that the pain started in her neck and referred down to her bilateral shoulder blades.

3. **Back Pain:** Ms. [redacted] complained of back pain right after the accident and consistently reported this pain throughout all the records.

4. **Abdominal Pain:** Ms. [redacted] initially reported abdominal pain because of the seat belt. This pain resolved and is not mentioned anymore after the first couple of notes in the records.

Discussion of Diagnoses

1. **05.27.2021 R51.9 Acute nonintractable headache, unspecified headache type**
   Acute: Ms. [redacted] reported a headache after her accident. This headache was constant at first and became intermittent towards the end of the records. This was a

direct result of the car accident.

2. **05.27.2021 S16.1XXA Cervical strain, acute, initial encounter Acute:** Cervical strain was caused by the car accident. Ms. [redacted] consistently complained of this pain, and the MRI report revealed cervical lordosis, C5-C6 disc bulge, and C6-C7 disc bulge.

3. **05.27.2021 V89.2XXA MVA (motor vehicle accident), initial encounter Acute:** This is a generic MVA diagnosis code.

4. **05.27.2021 S06.9X0A Mild traumatic brain injury, without loss of consciousness, initial encounter Acute:** Concussion and mild traumatic brain injury are synonymous. This is caused by a bump, blow, jolt to the head, or hit to the body that causes the brain and head to move rapidly back and forth. This occurred during the car accident.

5. **08.18.2021 S06.0X0A Concussion with no LOC:** Concussion and mild traumatic brain injury are synonymous. This is caused by a bump, blow, jolt to the head, or hit to the body that causes the brain and head to move rapidly back and forth. This occurred during the car accident.

6. **08.18.2021 H53.14 Post-traumatic photophobia:** Photophobia is sensitivity to light and contributed to Ms. [redacted] decreased quality of life following the car accident.

7. **08.18.2021 R42 Vertigo:** Vertigo is a sensation of motion or spinning often described as dizziness. Vertigo is described as feeling as if they are spinning or moving or that the world is spinning around. In Ms. [redacted] case, this was part of her symptomology from the concussion due to the car accident.

8. **08.18.2021 S13.0XXA Suspected traumatic rupture of cervical disc:** A herniated disc in the neck can cause neck pain, radiating arm pain, shoulder pain, and numbness or tingling in the arm or hand. The quality and type of pain can vary from dull, aching, and difficult to localize to sharp, burning, and easy to pinpoint. Ms. [redacted] experienced these symptoms as a direct result of her car accident.

9. **08.18.2021 S33.0XXA Suspected traumatic rupture of lumbar disc:** Ms. [redacted] experienced pain in her lower back that radiated across her buttocks and down her legs. This is a sign of a herniated disc. This was caused directly by her car accident.

10. **08.18.2021 S13.4XXA Sprain of cervical ligaments:** A cervical sprain is when ligaments in your neck are overstretched. This was caused by the car accident.

11. **08.18.2021 S23.3XXA Sprain of thoracic ligaments:** Ligaments in the thoracic region can be damaged when excessive force is applied to a joint. Symptoms of a

thoracic sprain may include muscle spasms, pain, stiffness, headaches, digestive issues, rib pain, and limited spine movement. Ms. [redacted] experienced these symptoms as a direct result of the car accident.

12. **08.18.2021 S33.5XXA Sprain of lumbar ligaments:** Lumbar sprain is caused when ligaments (the tough bands of tissue that hold bones together) are torn from their attachments. This was caused by the car accident.

13. **08.18.2021 S33.6XXA Sprain of sacroiliac ligaments:** Sprains of the sacroiliac joints are caused by excessive movement. In Ms. [redacted] case, this was directly caused by the car accident.

14. **08.18.2021 M99.01 Joint dysfunction of the cervical spine:** Neck pain is the most common sign of this issue. Pain radiating from the neck up into the head and down into the shoulder region is also common with this issue. Ms. [redacted] experienced this as a direct result of her car accident.

15. **08.18.2021 M99.02 Joint dysfunction of the thoracic spine:** Upper back pain is the most common sign of this issue. This pain can radiate into other areas as well. In Ms. [redacted] case, the records indicate this pain began in her neck and radiated down into her upper back and shoulder blades.

16. **08.18.2021 M99.03 Joint dysfunction of the lumbar spine:** The most common symptom of this issue is low back pain. This issue was not as severe as her neck pain, but she consistently reported this issue. In addition, her lumbar MRI revealed disc bulges at L4-L5 and L5-S1. This was directly caused by her car accident.

17. **08.18.2021 M99.04 Joint dysfunction of the sacroiliac joint:** This can cause low back pain and pain that radiates down into the legs. Ms. [redacted] experienced both symptoms as a result of her car accident.

18. **08.18.2021 M62.49 Spasm of multiple muscles:** Muscle spasms are muscles' forceful and involuntary contractions. These spasms were painful and severe to Ms. [redacted] They were directly caused by her injuries sustained in the car accident.

Legal Nurse Discussion and Opinion Based on the Medical Records Provided

Based on the reviewed medical records, it is my opinion that Ms. [redacted] has significant, authentic, and life-changing injuries that could potentially develop into life-long injuries.

Ms. [redacted] was referred to PT after her initial visit to [redacted], which was appropriate based on her presenting symptoms. However, it is unfortunate that she could not

see physical therapy more than three times due to scheduling conflicts with school and financial concerns.

If I summarized this review into one word, it would be this. Consistency. Ms. [redacted] was consistent in every visit note I have reviewed.

Headache with concussive/post-concussive symptoms: She was consistent in the progression of these symptoms. When this was first mentioned, these headaches were severe. As she progressed in her care, the headache symptoms subsided. However, she persisted in having issues with forgetfulness, concentration, remembering conversations, and dizziness. Again, this is consistent and legitimate.

Neck pain: This is by far her worst region of pain. She consistently reported neck pain, yet she also said this pain was improving, which is what we would see with someone injured and healing. In addition, the chiropractor referred to the MRIs that clearly revealed legitimate cervical spine injuries.

Upper back pain: She consistently reported this pain stemmed from her neck pain down into her shoulder blade regions. She also said this pain was improving with conservative treatment. So again, this is consistent and legitimate.

Low back pain: By the end of the records that we have, which is the chiropractic note from 12.10.2021, we see that this pain is not as severe as the neck pain, yet, again, her reporting of this issue is consistent and legitimate.

The chiropractic visit notes, in this case, are very detailed and most appreciated. The care Ms. [redacted] received was appropriate. She was referred to neurosurgeon Dr. Brett for further evaluation, and I look forward to reading his notes.

It is my official opinion that Ms. [redacted] was legitimately injured in the car accident she experienced on [redacted] It is apparent from the records I've reviewed that Ms. [redacted] has greatly suffered because of this accident. This opinion is also shared by the chiropractors involved in this case.

It is difficult to opine precisely what her future holds after experiencing these kinds of injuries without the evaluation by the neurosurgeon. However, if I were to estimate the possibility of surgery in her future, I would guess she has approximately a 50% chance of eventually having to undergo surgery due to these injuries.

It is promising that she has noted improvements in her symptoms after treatment with the chiropractor. However, it is also of concern that the MRI of the cervical and lumbar spine reveal clearly defined injuries.

I genuinely hope Ms. [redacted] continues to improve and has a long, productive, pain-free life.

Legal Nurse "Next Step" Recommendations

Please schedule a call with our LNC after reviewing this case.

1. **Medical Record Retrieval:**
   Please have your firm request the medical records listed below:

Record Type and Date	Facility	Date Requested	Date Received
Dr. Brett Consult	Dr. Brett's office		
08.25.2021 chiropractic visit references a radiology reading we do not possess	Unknown xray/CT/MRI		

2. **Expert Location and Screening:** Seek an expert with knowledge explicitly pertaining to Neurosurgery.

   FLNC can help find and facilitate experts for your case.

Possible Defenses:

- Ms. [redacted] was offered physical therapy and would not complete the sessions. Therefore, she is non-compliant and does not deserve any compensation.
  - Ms. [redacted] is a young Mom. When physical therapy was ordered, she was in school trying to get her license to become a CNA to provide for her daughter and improve her live. She cannot be punished for attempting to better her life and provide for her child. [I am uncertain if Ms. [redacted] is a CNA. The chiropractor's description of her job duties led me to assume this is the case. Please confirm with Ms. [redacted]

- Most of the records you have are chiropractic notes. Unfortunately, chiropractors are not real doctors; therefore, their diagnoses and assessments of an individual's medical status cannot be trusted.
  - Chiropractors are not medical doctors; their specialty is Doctor of Chiropractic care. However, they are highly trained and very specialized in back injuries. Therefore, they are qualified to diagnose back injuries.
  - In this case, the chiropractor treated Ms. [redacted] appropriately through conservative chiropractic care. In addition, the chiropractor ordered MRIs of the cervical and lumbar spine and referred her to a neurosurgeon after the results were back. Again, all this care was appropriate.