

Transcript of

[REDACTED]

Date: September 21, 2006

Case: [REDACTED] v. Mary P. Preisinger

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*Deposition of [REDACTED]
Taken on September 21, 2006*

<p style="text-align: right; margin-bottom: 0;"><i>Page 1</i></p> <p style="text-align: center;">IN THE CIRCUIT COURT OF HOWARD COUNTY IN AND FOR THE STATE OF MARYLAND</p> <p style="text-align: center;">[REDACTED] Plaintiff, Case No. vs. 13-C-05-063121 MARY PREISINGER, Defendant.</p> <hr style="width: 20%; margin: 10px auto;"/> <p style="text-align: center;">Pursuant to Notice, the videotaped deposition of [REDACTED] was taken on Thursday, September 21st, 2006, commencing at 10:25 a.m., at the offices of [REDACTED] [REDACTED] before Kathryn M. Benhoff, Notary Public.</p> <p style="text-align: center; margin-top: 20px;">Corbin & Hook Reporting, Inc. Annapolis, MD 21401-9996</p>	<p style="text-align: right; margin-bottom: 0;"><i>Page 3</i></p> <p style="text-align: center;">INDEX</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: right;">1</td> <td style="width: 85%;">Name of Witness</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td style="text-align: right;">2</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">3</td> <td>[REDACTED]</td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">4</td> <td>Examination:</td> <td style="text-align: right;">Page</td> <td></td> </tr> <tr> <td style="text-align: right;">5</td> <td>By Ms. Zois</td> <td style="text-align: right;">5/9/60</td> <td></td> </tr> <tr> <td style="text-align: right;">6</td> <td>By Mr. Ferris</td> <td style="text-align: right;">9/41</td> <td></td> </tr> <tr> <td style="text-align: right;">7</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">8</td> <td>Exhibits:</td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">9</td> <td>Exhibit 1 - CV</td> <td style="text-align: right;">4</td> <td></td> </tr> <tr> <td style="text-align: right;">10</td> <td>Exhibit 2 - Summary and Bills</td> <td></td> <td style="text-align: right;">4</td> </tr> <tr> <td style="text-align: right;">11</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">12</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">13</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">14</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">15</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">16</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">17</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">18</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">19</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">20</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">21</td> <td></td> <td></td> <td></td> </tr> </table>	1	Name of Witness			2				3	[REDACTED]			4	Examination:	Page		5	By Ms. Zois	5/9/60		6	By Mr. Ferris	9/41		7				8	Exhibits:			9	Exhibit 1 - CV	4		10	Exhibit 2 - Summary and Bills		4	11				12				13				14				15				16				17				18				19				20				21			
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<p style="text-align: right; margin-bottom: 0;"><i>Page 2</i></p> <p style="text-align: center;">A P P E A R A N C E S</p> <p>ON BEHALF OF THE PLAINTIFF:</p> <p style="margin-left: 20px;">LAURA G. ZOIS, ESQUIRE Miller and Zois 7310 Ritchie Highway -- Suite 1001 Glen Burnie, Maryland 21061 410-553-6000</p> <p>ON BEHALF OF THE DEFENDANT:</p> <p style="margin-left: 20px;">PATRICK A. FERRIS, ESQUIRE 1 West Pennsylvania Avenue -- Suite 500 Towson, Maryland 21204-5025 410-832-8003</p> <p>ALSO PRESENT:</p> <p style="margin-left: 20px;">Michael Gay, Videographer</p>	<p style="text-align: right; margin-bottom: 0;"><i>Page 4</i></p> <p>IT IS HEREBY STIPULATED AND AGREED that the reading and signing of this deposition are waived.</p> <p style="margin-left: 20px;">(Exhibits 1 and 2 marked.)</p> <p>VIDEOGRAPHER: This video deposition is being taken in accordance with the Maryland Rules of Civil Procedure on September the 21st, 2006, at approximately 4:02 p.m. We are at [REDACTED]. Our court reporter is Kathryn Benhoff with Corbin & Hook. My name is Michael Gay, and I'm with Legal Video Solutions. The caption of the case is [REDACTED] vs. Mary P. Preisinger. The party giving notice of this deposition is Laura Zois. Will all attorneys present please identify themselves and who they represent?</p> <p style="margin-left: 20px;">MS. ZOIS: Laura Zois on behalf of the Plaintiff, [REDACTED]</p> <p style="margin-left: 20px;">MR. FERRIS: Patrick Ferris on behalf of the Defendant.</p> <p>VIDEOGRAPHER: Our witness today is</p>																																																																																				

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1 [REDACTED] and will now be sworn in by our
2 court reporter.
3 (Witness sworn.)
4 VIDEOGRAPHER: You may proceed.
5 MARY PREISINGER,
6 duly been sworn to tell the truth, the whole truth,
7 and nothing but the truth, testifies as follows:
8 VOIR DIRE EXAMINATION
9 BY MS. ZOIS:
10 Q. Thank you. [REDACTED] can you give me
11 your full name and business address, please?
12 A. I'm [REDACTED]. Main office is
13 located at [REDACTED]
14 [REDACTED]
15 Q. Can you give the ladies and gentlemen of
16 the jury a brief history of your educational
17 background?
18 A. In 1967, I went to medical school in
19 India. I graduated in 1972. Then I did one year of
20 internship in India. In 1974, I went to England. I
21 did my training at Southampton and Waltham General

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1 Hospital. In 1976, I came to United States. I did
2 my internship at Providence Hospital, Washington,
3 D.C. 1977 to 1981, I did my residency at Howard
4 University and affiliated hospitals in Washington,
5 D.C. To 1981 to 1983, I served in the United States
6 Air Force with honorable discharge. In 1983, I
7 started my practice of orthopedic surgery, and I'm
8 board certified. I'm also board recertified.
9 Q. And when you say you're board certified,
10 what board certification do you hold, in what
11 specialty?
12 A. Orthopedic surgery.
13 Q. And can you tell the ladies and gentlemen
14 of the jury what orthopedics is?
15 A. Orthopedic surgery is a branch of medicine
16 that deal with the condition affecting the
17 musculoskeletal system, anything with a congenital
18 defect, fracture, soft tissue injury, arthritis,
19 deformities, infection, metabolic diseases affecting
20 bone and joints.
21 Q. And you testified that you've been in

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1 private practice in orthopedic surgery since 1983;
2 is that accurate?
3 A. Correct.
4 Q. Can you give us a understanding of what
5 types of cases you've handled since 1983 to the
6 present?
7 A. I've been practicing orthopedic surgery,
8 which includes fractures, arthritis in the bone and
9 joints, anything related to the musculoskeletal
10 system.
11 Q. And during the course of your career, have
12 you held any teaching positions?
13 A. I was a teaching instructor when I was in
14 the United States Air Force, and I was given award
15 for teaching the residency training program.
16 Q. And do you have hospital privileges
17 anywhere?
18 A. At [REDACTED] and [REDACTED]
19 [REDACTED].
20 Q. Can you give us some idea of what portion
21 of your practice involves treatment of patients for

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1 traumatic injuries?
2 A. Thirty to 40 percent people we see in the
3 office are here as a result either sports related
4 trauma or work related injuries or automobile
5 accident or routine fall at home related to work.
6 Q. And can you give me an understanding of
7 what portion of your practice involves treating neck
8 and back problems?
9 A. About 40 to 60 percent people we see in
10 the office practice have neck and back dysfunctions.
11 Q. And you mentioned earlier that you're
12 board certified in orthopedic surgery. Are all
13 doctors board certified?
14 A. It depend. You can be board eligible
15 where you have to take two years of training and
16 then you can take the board. The original used to
17 be part one and part two, and after the original
18 certification, you have to just take only part one,
19 either written or oral examination to get board
20 recertification.
21 MS. ZOIS: At this time, we would offer

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1 [REDACTED] as an expert in the field of
2 orthopedic surgery.
3 VOIR DIRE EXAMINATION
4 BY MR. FERRIS:
5 Q. Doctor, when you have to go for board
6 certification with an oral examination, do other
7 competent orthopedic surgeons have to examine you?
8 A. That's correct.
9 Q. And to be an examiner, is that considered
10 that you're respected by the people in your field --
11 A. They're --
12 Q. -- in order to be an examiner?
13 A. They're, they're, they're selected by the
14 academy on merit basis.
15 MR. FERRIS: Thank you, Doctor.
16 MS. ZOIS: Any objection to my offering
17 [REDACTED] as an expert in the field of
18 orthopedic surgery.
19 MR. FERRIS: No objection.
20 EXAMINATION
21 BY MS. ZOIS:

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1 Q. Okay. Doctor, I've going to show you
2 what's been marked as Plaintiff's Exhibit No. 1. Is
3 that a copy of your most current curriculum vitae or
4 resume?
5 A. That's correct.
6 Q. At this time, I would offer [REDACTED]
7 resume or CV into evidence marked for identification
8 as Plaintiff's Exhibit No. 1. Doctor, before we
9 talk about [REDACTED] case, can you give us an
10 anatomy lesson of the neck and back?
11 A. Yes.
12 Q. Okay.
13 A. The spine consist of three segments:
14 Upper part, which is skull and the chest is called
15 cervical spine, and then the area of the rib cage is
16 called the thoracic spine. The area of the spine
17 between rib cage and pelvis is called the lumbar
18 spine. What it consist of basically a block of bone
19 called the vertebra. These vertebrae are stacked
20 on the top of each other, and in between this block
21 of bone are the cushions. These are called the

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1 disks. The purpose of this block of bone called the
2 vertebra is to protect this yellow thing called the
3 spinal, spine, the spinal cord, so it protect the
4 spinal cord as well as the nerve that start,
5 originate from the spinal cord and goes to arm and
6 legs. This is what we are dealing with, cervical
7 spine and lumbar spine, and these bones give
8 attachment to the muscle in the front and back and
9 certain ligament. Those muscles move your neck and
10 back. They can be affected by anything from the
11 trauma or a traumatic condition or age related
12 phenomenas.
13 Q. What is a muscle spasm?
14 A. Muscle spasm is the muscle get tight as a
15 result of irritation from any source. It could be
16 traumatic event or could be atraumatic event or it
17 could be from the trauma, a direct trauma or
18 indirect trauma.
19 Q. What is an objective finding vs. a
20 subjective complaint?
21 A. Subjective complaints are what the patient

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1 tells us. I have a pain is a subjective complaint.
2 You examine the patient. You see the muscles look
3 different, muscle stand out more. You palpate the
4 body part, and the patient, see reaction on the
5 patient's face. That's called the tenderness, so
6 muscle spasm in the presence of tenderness or
7 painful range of motion, those are objective.
8 physical finding, or somebody look at a body part,
9 look smaller than the other or could be wasted,
10 could be atrophied or could be deformed, those are
11 objective findings.
12 Q. Before testifying here today, did you have
13 the opportunity to review [REDACTED] medical
14 records?
15 A. I did.
16 Q. And what records did you review?
17 A. This lady was in an automobile accident
18 back in October 2001. She went to [REDACTED]
19 [REDACTED]. I have a record from the [REDACTED]
20 [REDACTED]. Then she went to [REDACTED]
21 [REDACTED], Maryland Orthopedics. There she

3 (Pages 9 to 12)

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1 was seen by different physician, orthopods and
2 neurologists, and then she had certain diagnostic
3 studies, and she went to see also her primary care
4 physician, and then she came to see me, and also
5 reviewed the MRI scan of the cervical-lumbar spine
6 that was done in the past.
7 Q. And did you rely on those records in
8 forming your opinions that you would articulate here
9 today?
10 A. That's a part of the examination we cover,
11 we take into consideration before giving an opinion.
12 Q. And did you rely on the records that you
13 reviewed in forming your opinions today?
14 A. That's correct.
15 Q. Are you aware of any back problems or neck
16 problems that [REDACTED] had before October 1st of
17 2002?
18 A. Not according to my knowledge or the
19 documentation in the chart.
20 Q. Okay. Doctor, directing your attention to
21 her first course of medical treatment that she had

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1 following this car accident, the emergency room
2 records, what were her complaints to the doctors in
3 the emergency room?
4 A. She was complaining of neck pain, back
5 pain and headache.
6 Q. And did she have x-rays in the emergency
7 room?
8 A. That's correct.
9 Q. Did they reveal any fractures of any kind?
10 A. There were no significant abnormality or
11 fracture dislocation.
12 Q. What were her discharge instructions from
13 the emergency room?
14 A. She was instructed to take it easy, do
15 some exercises and see her primary care physician or
16 an orthopedic surgeon.
17 Q. And did she follow up with an orthopedic
18 surgeon to your knowledge?
19 A. That's correct.
20 Q. And during the course, what was the
21 practice that she followed up with? Do you know the

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1 name of it?
2 A. It was called [REDACTED]
3 Different physician in the practice, [REDACTED],
4 [REDACTED] and other doctors.
5 Q. During her course of treatment with the
6 doctors at Maryland Orthopedics, what treatment
7 course did she undergo? What did they do for her
8 there?
9 A. Her treatment was basically non-surgical.
10 We call it conservative treatment consisting of
11 different modalities, the physical modalities and
12 using some medication. Those modalities form of
13 using heating pad, doing home exercises, going to
14 physical therapy, doing different exercises in
15 physical therapy and use certain devices in the form
16 of cervical collar, lumbar cushion, traction kit at
17 home or taking medicine to relieve her pain, improve
18 her function so she can be comfortable.
19 Q. The physical therapy that she received
20 from [REDACTED] did that appear to work and
21 alleviate all of her problems?

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1 A. That's the main purpose of physical
2 exam – physical therapy is to relieve pain,
3 increase endurance and make them functional and
4 teach them certain things about the proper body
5 mechanic, routine back care so they can enjoy
6 lifestyle.
7 Q. And after she had her 13 or so visits with
8 the physical therapist, did it work?
9 A. She had temporary relief in the physical
10 therapy, but according to the discharge note, she
11 was still complaining of some neck and back pain.
12 Q. And the medications that are prescribed
13 during the course of her treatment with [REDACTED]
14 [REDACTED], why is medication prescribed in
15 addition to physical therapy?
16 A. The purpose of the medication is to
17 relieve their pain, reduce their muscle spasm and
18 make them function so they can sleep comfortably and
19 perform the activities of daily living.
20 Q. And she also had trigger point injections
21 with that practice. Can you describe for us what

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1 trigger point injections are?
2 **A. If their objective physical finding in the**
3 **form of muscle spasm or tenderness or limitation of**
4 **motion, there are certain spots you put your finger**
5 **with direct pressure, you feel pain, and, and then**
6 **you inject medicine into that spot called trigger**
7 **points, and that's a common practice in orthopedic**
8 **surgery to relieve the pain with certain medication.**
9 Q. And during her course of treatment with
10 [REDACTED] from October of 2002 through
11 July of 2003, did she consistently show muscle
12 spasms?
13 **A. According to the documentation, she, this**
14 **is one of the objective physical finding in**
15 **combination with other changes.**
16 Q. While she was under the care of Maryland
17 Orthopedics, it looks like they sent her out for
18 some other diagnostic testing. Can you discuss
19 those tests?
20 **A. Yes. She had three different studies.**
21 **She had MRI scan of cervical and lumbar spine, and**

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1 we have a copy of those MRI scan. Then she was also
2 seen by the neurologist in the group for headaches
3 and dizzy spells. She had EEG. It's called
4 electroencephalography, if there's any evidence of
5 head injury. Then she also had some certified
6 audiogram for her hearing impairment, and she has
7 EMG or electromyography to make sure there's no
8 damage to the nerve or the muscle in her neck or the
9 back.
10 Q. When she was discharged from Maryland
11 Orthopedics, what was her condition upon discharge?
12 **A. She was still complaining of pain. That's**
13 **why she went to her primary care physician, and then**
14 **she was referred to me for second opinion.**
15 Q. And when she first came to your office --
16 when did you first see [REDACTED]?
17 **A. On July 29th, 2003.**
18 Q. And can you walk us through what you do
19 when you see a new patient?
20 **A. I -- when they come to the office, they**
21 **fill out a registration form, a past medical history**

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1 form. Then they make a chart at the office, and I
2 take the history personally from the patient, and we
3 do systematic physical examination, review the
4 medical record and look at the x-rays, MRI scan,
5 form an opinion and establish a diagnosis and try to
6 start some form of treatment based upon my physical
7 findings.
8 Q. And can you walk us through your history
9 that you took from her, your physical examination,
10 what your diagnosis was and what your
11 recommendations were?
12 **A. Yes. My first job is note what their**
13 **occupation is, what kind of work do they do, where**
14 **do they work and what happened, how it happened.**
15 **She told me that she's a bookkeeper. She worked at**
16 **a gas station, and she was in a automobile accident**
17 **on October 1st, 2002. She was a driver. She had**
18 **the seat belts on, and car was hit from behind.**
19 **It's called rear end collision. As a result of the**
20 **collision, she jerked her head forward and backward,**
21 **and she was thrown forward and she hurt her neck,**

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1 her back and she experienced headache.
2 **She told me she went to the emergency**
3 **room at [REDACTED]. She was**
4 **examined there. Multiple radiographs were done.**
5 **She was given instruction, pain medication, and then**
6 **she went to see an orthopedic surgeon. She received**
7 **her treatment there, and she did not notice any**
8 **significant improvement. She went back to her**
9 **primary care physician.**
10 **And then my next job was to note what**
11 **part of the body's hurt. She told me she's having**
12 **pain in the neck and lower back pain, and my job is**
13 **to find a little bit more about the location of the**
14 **pain, type of the pain, severity of the pain, what**
15 **makes her feel better, what make her feel worse.**
16 **Same thing we do for the neck and the back, and**
17 **then, then we go check the past medical history, if**
18 **there's a history of neck pain, back pain or any**
19 **significant systemic debilitating disease like**
20 **diabetes, heart problem, pulmonary dysfunction or**
21 **that can affect their performance and recovery**

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1 process, and then look at a social history, if
2 there's any smoking or drinking problem.
3 And then perform a physical
4 examination of the neck, which basically consist of
5 three complements. We look at the body part. We
6 inspect them. We palpate them and ask the person to
7 move the neck and back in different direction. In
8 her case, we asked her to move her neck forward,
9 backward and sideway and look for if there's any
10 muscle spasm and objective physical finding, a soft
11 tissue tenderness or limitation of range of motion.
12 That's for the neck.
13 So I notice that she was complaining
14 of neck pain. She had a muscle spasm. She had
15 tenderness. I performed different tests to see if
16 there's any signs of irritation of nerve or the
17 spinal cord injury. Those tests have different
18 names called hermit sign, spurling test, head
19 compression and distraction test to see if there's
20 any involvement of the spinal cord, if there's a
21 depression of the nerve.

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1 And then finally, I also performed a
2 neurological examination of her upper and the lower
3 extremities, arm and the legs. We want to check the
4 muscle strength, muscle tone, muscle bulk, muscle
5 power. Check the reflexes and check the sensation.
6 I thought there was no changes in the muscle
7 strength. Her sensation is normal, and neurological
8 examination in the arm and legs was essentially
9 normal.
10 And then in a same similar way, I did
11 the examination of her back. I look for the
12 presence of any deformity. There was no deformity.
13 There was a muscle spasm and there was some
14 tenderness, which is a objective physical finding,
15 and ask her to bend in different direction called
16 range of motion. I documented her degree of motion
17 she had in different planes and compared to the
18 normal. She was only able to bend forward 70
19 degree. A normal person should be able to bend 90
20 degree and touch the ground. She was able to bend
21 backward 10 degree. A normal person bend for 30

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1 degree, which was one third of the normal, and then
2 ask her to -- I did a different test. We use the
3 word provocative test to see if there's any
4 irritation of the nerve called straight leg raising,
5 bilateral straight leg raising and some variation of
6 the test to see if there's any pressure on the nerve
7 or a pinched nerve in the back.
8 I performed a neurological
9 examination consisting of a muscle strength senses,
10 sensation in the legs and feet and did the reflex.
11 They were basically normal. Then I reviewed her
12 medical record from the previous treating physician,
13 look at the x-rays, MRI scan and then form an
14 opinion.
15 Q. What were your recommendations after you
16 first saw her?
17 A. My recommendation was to just to look at
18 the electrophysiological studies and MRI scan so I
19 could see the real films and give her a definite
20 treatment and that I consist, I give her
21 antiinflammatory medicine. I told her to do some

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1 exercise at home and modify her physical activity.
2 Q. And you mentioned the MRI films?
3 A. Right.
4 Q. How many times did she have MRIs done?
5 A. She had MRI scan done at two different
6 occasions. She had one in the beginning, just a few
7 days after her accident. That was on -- on
8 November 22nd, 2002, she had two MRI scan, MRI scan
9 of the cervical spine and she had MRI scan lumbar
10 spine.
11 Q. And did you review those films?
12 A. I did.
13 Q. And when was her second MRI of the same
14 areas?
15 A. Second MRI scan was done on June 11th,
16 2004. It was only for the cervical spine because
17 that's where most of her problem was in later part
18 of the injury.
19 Q. And what, if any, significance did the
20 MRIs reveal?
21 A. MRI scan is a test that we perform for

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1 soft tissue structures. On the routine x-ray, we
2 see the bone, bony details. On the MRI scan, we
3 look at the disks, the nerves, the spinal cord,
4 there's any damage to the joint or evident changes
5 from the accident or age related changes, and then
6 we try to correlate those changes on the MRI scan
7 with the clinical examination and the neurological
8 status.

9 Q. Can you show us what you mean by the bony
10 structures vs. the soft structures and what shows
11 up?

12 A. Bony structures are the, is blocks of
13 bone. The soft tissue structures are these cushion
14 called the disks and the spinal cord, nerves, the
15 muscles and ligament that are attached to these bony
16 structures on the side that make the body move and
17 also provide stability to the spine, so we want to
18 see how the disks look, how the spinal cord looks,
19 if the disk is putting any pressure on the nerve, if
20 the disk is putting any pressure on the spinal cord
21 or if the disk is showing any changes that we would

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1 see either with age or from the trauma or from
2 infection or from arthritis or from a tumor, so then
3 we try to correlate those changes with her specific
4 examination.

5 Q. And what, if any, findings did you think
6 were significant in your review of the MRIs that
7 you've discussed?

8 A. If the patient is complaining of
9 persistent pain that does not get better with
10 specific time frame, for example, if we see minor
11 soft tissue injury, it should get better in three
12 weeks time, six weeks time. If it's a chronic
13 condition, it take longer to heal. The soft tissue
14 structures are not healing with time frame with a
15 combination of conservative non-surgical treatment,
16 then we want to make sure that there's something, if
17 something else going on in the form of damage to the
18 disk, pressure on the nerve, if there's any bulging
19 disk or a herniated disk or any, any fractured disk
20 location that we could not see on the x-ray, and
21 then we correlate with the examination.

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1 Q. And was there a finding on her MRI that
2 you felt was significant in her subjective
3 complaints?

4 A. No, the MRI scan finding that she had on
5 the first MRI scan that was on November 22nd, 2002,
6 there was some changes that would be consistent with
7 her age because these disks are like grapes. They
8 show some wear and tear. There's some physical
9 changes in the water composition of the disk, some
10 chemical composition of the disks and over the years
11 stress. Those, those disks will look different on
12 the MRI scan, and they use the word degenerative
13 disk disease because this particular disk show
14 different color from the other disks. If all disks
15 show the same color, they look greyish on the MRI
16 scan, all these. If one level, it shows different,
17 then they use the word degenerative disk disease.

18 The second thing is to find if the
19 disk is contained within its boundary. Is it
20 bulging? Is it out of place? Is it sitting against
21 the nerve or causing any pressure on the nerve?

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1 That's what we looking for, and then in her case,
2 she had some degenerative disk disease and, and some
3 decrease in the size of the spinal canal. This is
4 the spinal canal. It was sent to here, and the
5 spinal canal is in the spinal cord. If there's
6 anything goes wrong with the bones here or the
7 disks, this can go back or there could be other
8 changes in the joint, and that can make the size of
9 the spinal canal smaller.

10 And the spinal cord, considering the
11 spinal canal does not have space to move around, and
12 the person who complain of certain neck pain or the
13 back pain, depending upon decrease in the size of
14 the spinal canal. If the size is a moderate
15 decrease in the size of the spinal canal, the spinal
16 cord does not breathe. The patient can have pain.
17 These pain is different from the regular pain that
18 we see with like a pinched nerve or herniated disk.
19 Patient get cramps, get persisting pain, have the
20 weakness. They can loose control of the bladder and
21 bowel. They have weakness, can have weakness in the

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1 arm and legs or numbness depending on what part of
2 the spinal cord or the nerve is being affected by
3 decrease in the size of the spinal canal. It's a
4 condition called spinal stenosis, and the term we
5 use is a central canal stenosis. That's what she
6 had according to the MRI scan at one level.
7 And there's some decrease, then, on
8 the side of the spinal canal. The canals here, it's
9 called a neural foramen. If anything happen, the
10 size of neural canal is decreased, through these
11 tunnels are coming are these nerve. The nerve will
12 also get some pressure, so I see on the initial MRI
13 scan, they say on the right side, there's a decrease
14 in the size of the neural foramen at C-6 and C-7, so
15 nerve that would be affected by this particular
16 change would be the nerve that goes to your arm and
17 your proximity.
18 So same way I looked at the MRI scan
19 of lumbar spine, which shows some mild degenerative
20 changes that we discussed in the sense of different
21 color of the disk coloration as compared to little

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1 blackish looking, or and then there's a clear
2 central canal stenosis. There's a -- those are the
3 only changes seen MRI scan of lumbar spine. Nothing
4 significant. There was no broken bones, no arterial
5 changes. This is the finding I had when I looked
6 the MRI scan.
7 Q. And when you looked at the subsequent MRI
8 that was done in June of 2004, was there any
9 difference between her condition in November of 2002
10 and her condition in June of --
11 A. Yes.
12 Q. -- 2004?
13 A. Now, this MRI scan in June 2004 showed
14 degenerative disk disease and also a bulging disk.
15 That mean the disk is moving out of its boundary and
16 putting pressure on ligament that is contained into
17 this area where it belongs and then also putting
18 some pressure, especially at C-6-C-7 is a, some
19 significant change in the form of a bulging disk.
20 Q. And that's the same area that she was
21 having problems with in the November --

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1 A. Right.
2 Q. -- 2002?
3 A. So we try to compare apple with apple if
4 there's any shift in the position and the change in
5 the disk or it's progressed to a different level, so
6 at C-6-C-7, she had spinal, change in the spinal
7 canal, and there was some narrowing of the neural,
8 especially in the right side, and due to combination
9 degenerative changes at C-6-C-7. That's the level
10 we're talking about. These bones, these blocks of
11 bones are numbered from say with the rib cage and
12 the pelvis, there are five of them same way, and the
13 neck to the upper chest, there's seven of the bones,
14 so they would be 1, 2, 3, 4, 5, 6, 7, and each level
15 represent a disk, and that, and the nerve can affect
16 we try to correlate with our knowledge of anatomy
17 and physiology.
18 Q. And Doctor, when's the last time you had
19 the opportunity to examine and speak with
20 [REDACTED] about her current condition?
21 A. August 14th, 2006.

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1 Q. And how was she doing as of August of
2 2006?
3 A. Basically, she was complaining of neck
4 pain. The pain was mostly the lower part of the
5 neck and --
6 Q. Is that where C-6-C-7 is?
7 A. That's correct, lower part of the neck,
8 this part of the neck right here, although in the
9 back, and she was given some anti-inflammatory in
10 the past. I give her dose pack. She's on
11 Prednisone in small doses for short period of time.
12 I give her some anti-inflammatory medicine called
13 Celebrex and Vicodin this time, and I told her that
14 sips she has tried every physical therapy, she had
15 all the diagnostic studies, injection, she is a
16 candidate for two, two option. One option is to do
17 an epidural steroid injection, which is give a
18 medicine directly to the covering of the spinal cord
19 called epidural space, or send her for a second
20 opinion to a neurosurgeon, and then also consider
21 being in stress management, considering the duration

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1 of the problem.
2 Q. Okay. When you say considering the
3 duration of the problem, is that because she's had
4 the same problem from October of '02 through --
5 A. Yeah.
6 Q. -- the current date?
7 A. It's a long, it's for quite some time.
8 She's not a candidate for surgery. She tried other
9 conservative modalities like physical therapy,
10 medicine, cervical pillow. She tried
11 anti-inflammatories. She tried trigger point
12 injection, and there is, and then MRI scan show some
13 changes, not enough to do a surgical procedure, so
14 the only option that's left is to consider doing an
15 epidural injection.
16 Q. Okay. Doctor, I'm going to ask you a
17 couple of questions, and I have to form them in a
18 legalese way, so just kind of bear with me. Doctor,
19 do you have an opinion within a reasonable degree of
20 medical certainty what injury, if any, [REDACTED]
21 sustained as a result of the car crash of October

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1 1st of 2002?
2 A. She sustained cervical and lumbar muscle
3 strain and also some element of aggravation of
4 asymptomatic condition that was degenerative disk
5 disease and it became symptomatic.
6 Q. Okay. Do you have an opinion within a
7 reasonable degree of medical certainty as to whether
8 or not she has a permanent injury as a result of the
9 October 1st, 2002, car crash?
10 A. Yes, she has.
11 Q. Okay. And you said something before that
12 I just want to make sure I'm clear. It's your
13 opinion within a reasonable degree of medical
14 certainty that she had an asymptomatic pre-existing
15 condition that was aggravated by this accident. Is
16 that accurate?
17 A. That's correct, like we use the word
18 degenerative disk disease. She never had the MRI
19 scan of the cervical spine before, and there's a
20 physiological change in the neck that has happened.
21 It's not from the accident. It's not arthritic

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1 process, but like I said, this is result of every
2 day wear and tear or stress on the disk with the
3 motion takes. That's we use the terminology, and
4 the fact that she did not seek any medical attention
5 for the neck and back before this accident or there
6 is no subsequent accident, so just this is related
7 to the accident that happened October 1st.
8 Q. Okay. So what, what does asymptomatic
9 mean?
10 A. Asymptomatic, that you have something
11 going on in your body, but it's not bothering you.
12 Q. Okay.
13 A. And all of a sudden, you have a, somebody
14 grab you and jerks, hit you hard, and then you, then
15 you become symptomatic in that body part, and that,
16 that's call aggravation.
17 Q. Okay. I'm going to show you what's been
18 marked as Plaintiff's Exhibit No. 2, which are
19 medical bills, and Doctor, if we could go through
20 those. Have you had the opportunity to look at
21 those medical bills?

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1 A. Yes, I scanned them this morning.
2 Q. Okay. And can we walk through them?
3 Medical bill, the first medical bill from [REDACTED]
4 [REDACTED] in the amount of \$192.08,
5 is that fair, reasonable, necessary and causally
6 related by this accident?
7 A. This is the visit to the ER immediately
8 after the accident, \$192 and some cents. This is
9 related to the accident and medically necessary.
10 Q. And the ER doctor bill of \$156, is that
11 fair, reasonable, necessary and related to this
12 accident of October 1st, 2002?
13 A. That's reasonable for the area for the
14 services provided.
15 Q. Okay. And the \$75 bill from [REDACTED]
16 [REDACTED] for the date of this accident from the
17 emergency room, is that fair, reasonable, necessary
18 and causally related by this accident?
19 A. That's for reading the x-rays of the
20 cervical spine at the hospital. That's correct.
21 Q. And the bill from [REDACTED]

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1 from October 3rd of 2002 through July 22nd of 2002,
2 which includes all the diagnostic testing that you
3 discussed and the doctor's visits from [REDACTED]
4 [REDACTED] in the amount of \$7685, is that fair,
5 reasonable, necessary and causally related to this
6 accident of October 1st, 2002?
7 **A. Yes, and look at the breakdown of the**
8 **office visit, the treatment modality that she**
9 **received, the consultation with the neurologist, EMG**
10 **and an EEG for the headache and dizzy spells and the**
11 **supplies and the final examination. With a**
12 **breakdown, total comes to \$7685. That's reasonable,**
13 **medically necessary and related to the incidents on**
14 **October 1st, 2000.**
15 Q. And the bills from [REDACTED] Rehab from
16 October 8th, 2002, through November 21st of 2002 in
17 the amount of \$1694, is that fair, reasonable,
18 necessary and causally related by this accident of
19 October 1st, 2002?
20 **A. That's correct. She has 12 to 14 visit**
21 **for physical therapy, the neck and the back, and**

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1 **look at the details of the modalities they used, and**
2 **it's related to the incidents of October 1st, 2002.**
3 Q. And your bills from July 29th of 2003
4 through, currently through August of 2006 of \$1575,
5 are your bills fair, reasonable, necessary and
6 causally related by the October 1st, 2002, accident?
7 **A. It does not include the visit of 2006, and**
8 **these are bill for the follow-ups and the initial**
9 **examination, \$50 and \$75, reasonable and related to**
10 **the accident.**
11 Q. And the [REDACTED] bill for -- and
12 I think I skipped another one. Two [REDACTED]
13 [REDACTED] bills for the MRI done November 22nd of
14 2002 for 2089 and the [REDACTED] bill for
15 the one MRI of her neck from June 11th of 2004 for
16 \$1006, are both of those bills fair, reasonable,
17 necessary and causally related by the October 1st,
18 2002, accident?
19 **A. Yes, ma'am.**
20 Q. Are you familiar with what hospitals
21 charge --

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1 **A. I am. I am.**
2 Q. -- what orthopedic surgeons charge for
3 physical therapy and neurodiagnostic testing and
4 that sort of thing, are you familiar --
5 **A. That is correct. That's correct.**
6 MS. ZOIS: -- with local rate? Okay. At
7 this time, I would offer Plaintiff's Exhibit
8 No. 2 into evidence. It's a summary followed
9 by the individual bills.
10 MR. FERRIS: And I have an objection that
11 can be dealt with off the record after the
12 deposition.
13 MS. ZOIS: Let's go ahead. Let's go off
14 now.
15 VIDEOGRAPHER: The time now is 4:35. We
16 are going off the record.
17 MS. ZOIS: But we'll stay off the video,
18 but on the transcription. Okay.
19 MR. FERRIS: I just believe that [REDACTED]
20 [REDACTED] bill should have redacted deposition
21 charge of \$1000.

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1 MS. ZOIS: I'm happy to do that.
2 MR. FERRIS: Which is not in your summary.
3 MS. ZOIS: Okay. I'm happy to do that. I
4 don't think it's included in the bill on the
5 summary, either.
6 MR. FERRIS: It is not included on the
7 summary.
8 MS. ZOIS: Right. Good.
9 MR. FERRIS: The total bill otherwise is.
10 The '06 treatment is.
11 MS. ZOIS: Okay. So I'm going to redact
12 the \$2000 charge off of --
13 MR. FERRIS: The \$1000.
14 MS. ZOIS: The \$1000 charge off of [REDACTED]
15 bill before we put that into evidence.
16 MR. FERRIS: Thank you.
17 MS. ZOIS: Okay. Great.
18 VIDEOGRAPHER: The time now is 4:36. We
19 are back on the record.
20 MS. ZOIS: Thank you, [REDACTED]
21 THE WITNESS: Thank you.

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1 EXAMINATION
2 BY MR. FERRIS:
3 Q. Now, Doctor, you did not see this patient
4 in her acute stage?
5 A. No, sir.
6 Q. Okay. And when you first saw her, you did
7 not have the benefit of her medical records until a
8 visit or two after your first visit, correct?
9 A. On the second visit, I had the medical
10 record from the patient --
11 Q. Correct.
12 A. -- documented.
13 Q. Okay. So the opinions that you rendered
14 in your reports in the first visit, which really
15 didn't change, didn't really benefit from those
16 other medical records?
17 A. No, but on my first, if you look at my
18 first report, I put that I would like to review the
19 medical record and have a definite opinion on the
20 subsequent examination. That's correct.
21 Q. And you also reviewed the -- I'm sorry.

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1 Did I interrupt you?
2 A. No, no. I just, when she came back for
3 the follow-up visit, I have the medical record as
4 well as ER physician's notes as well as the treating
5 physician's on August 5th.
6 Q. Right. And you also at some point wanted
7 to review the films of the MRIs?
8 A. When she came back for the second visit,
9 she brought the films with her and the MRIs.
10 Q. And you reviewed those films and those
11 records and charged as part of your office visit?
12 A. I didn't -- there's no separate charge.
13 That's just the total visit is, include the whole
14 thing. I didn't make any separate charges.
15 Q. So you didn't make a separate charge of
16 say \$300 for reviewing the MRIs like Maryland
17 Orthopedics did?
18 A. No, I didn't.
19 Q. Is it usual and customary for you to
20 include the review of records and MRIs in your
21 office visit charge?

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1 A. It all depend upon the complexity of the
2 care, how much time you spend with the patient, if
3 you have -- that's what I do --
4 Q. Is is usual --
5 A. -- so there's some, so there's some
6 orthopedic surgeons, they would charge for the,
7 separately for the review of the MRI scan.
8 Q. But you wouldn't for this type of MRI scan
9 review?
10 A. No, I didn't charge her. That's not my
11 practice.
12 Q. Okay. And you also charge for your time
13 for the deposition that we're doing here today,
14 correct?
15 A. Correct.
16 Q. And your billing for that time is \$1000?
17 A. That's correct.
18 Q. And that is based on what hourly rate,
19 Doctor?
20 A. That's correct.
21 Q. What is your hourly rate --

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1 A. \$250 an hour.
2 Q. So are you spending four hours here today?
3 A. No, I'm talking take time to review the
4 medical record from the previous treating physician,
5 reviewing the x-ray, the MRI scan, and that's what
6 total, it comes to four hours.
7 Q. Okay. Now, Doctor, so that we're clear
8 with the MRIs, the MRIs do not show any objective
9 injury caused by the automobile accident. They show
10 degenerative disk disease, correct?
11 A. No, that's what, that's what this
12 particular MRI scan, the purpose of the MRI scan is
13 to delineate the extent of soft tissue injury that
14 we cannot see on the regular x-rays.
15 Q. Well, I understand that MRI's purpose.
16 A. All right.
17 Q. I'm saying in this particular case, the
18 MRIs that she had, two to the neck and one to the
19 lumbar spine --
20 A. Right.
21 Q. -- did not show an injury caused by the

11 (Pages 41 to 44)

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1 accident?
2 **A. How can you separate injury from the**
3 **accident unless you have previous MRI scan done that**
4 **show different things?**
5 Q. Okay. So the degenerative disk disease,
6 though, that is something that occurs over years?
7 **A. That's age related physiological changes**
8 **in the neck like I described in the beginning.**
9 Q. And so the positive findings on the MRI
10 that you described weren't caused by the accident?
11 **A. Like what I just look at the, what the**
12 **finding are. If I have a previous MRI scan, I can**
13 **see it does not show something different. Show**
14 **something different, then I'll say this is related**
15 **to the accident because I'm comparing apple to the**
16 **apple.**
17 Q. Right.
18 **A. Whatever the MRI scan showed, I read the**
19 **finding and what those finding are. I tried to**
20 **explain on the basis of physiological and anatomical**
21 **changes.**

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1 Q. Right. Now, the bulging disks that were
2 found in the MRI scan, they were thought by the
3 radiologist to be minimal?
4 **A. Minimal, that's correct. That's**
5 **terminology he use.**
6 Q. The narrowing of the neural foramen that
7 you described was thought to be slight?
8 **A. That's correct, yes.**
9 Q. And that was thought to be due to
10 degenerative changes of the C-6-7 level?
11 **A. That's the terminology, that's correct.**
12 Q. So that's not related to the accident?
13 **A. I can't say related to the accident. I'm**
14 **trying to explain the basis of her pain with a**
15 **combination of history, physical examination,**
16 **neurological exam and the MRI scan, how can I**
17 **explain her pain. That's what I'm trying to do**
18 **here.**
19 Q. Okay. And as a matter of fact, the
20 radiologist in '04 in under impression believed that
21 there was no change when he compared the cervical

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1 MRI study to the one done in 2002, correct?
2 **A. That's word he used, correct.**
3 Q. And you would agree with that?
4 **A. I looking at the wording that he used,**
5 **there's a minimal bulging disk. If you look at the**
6 **first MRI scan, he did not use the term minimal**
7 **bulging disk. He just use the word degenerative**
8 **disk disease on both times.**
9 Q. Correct. But then he said no change?
10 **A. No, but like I say, I'm looking at his**
11 **note. It says where there were bulging disk,**
12 **minimal bulging disk on this time, there no**
13 **documented bulging disk in the past, because that's**
14 **the only difference I've noticed in the**
15 **interpretation that I have.**
16 Q. Correct. And that's something that a
17 radiologist could have different interpretation of
18 the same film?
19 **A. He should document if he notice a bulging.**
20 **If I see bulging on the disk and the first time MRI**
21 **scan that shows no bulging, that's a significant**

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1 **change.**
2 Q. Right. But this, the MRI radiologist who
3 compared the two actual films rather than the
4 report, you will agree with we found no change?
5 **A. I see the line there no change, but I'm**
6 **just reading, comparing, trying to compare the two**
7 **reading that I have, and after looking at both the**
8 **MRI scan, on one, I personally see bulging disk and**
9 **he didn't see the bulging disk in the first MRI. I**
10 **didn't know if he meant it, and now, the second**
11 **time, it look the same and different MR, he say**
12 **indication of bulging disk, I'm just -- because I**
13 **looked at those MRIs scan, see what specific level**
14 **is causing her symptoms. That's what I was trying**
15 **to tell.**
16 Q. Okay. And Doctor, there's no
17 documentation either way as to whether or not this
18 patient had any symptoms, however slight or
19 moderate, prior to this accident?
20 **A. I don't -- not according to my**
21 **documentation, she never had any trauma to the neck**

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<i>Page 49</i>	<i>Page 51</i>
<p>1 and back. She didn't seek any medical attention for 2 the neck and the back injury, either with her 3 primary care physician or any other orthopedic 4 surgeon. 5 Q. But you're taking her for her word when 6 she says that she didn't have any problem? 7 A. That's what you take the history. We have 8 to take the patient's word. We can't send the 9 police to do something, investigation. 10 Q. Correct. And that's, that's reasonable 11 and customary for a doctor to do? 12 A. That's correct. 13 Q. Now, when you took her for her word as to 14 the history, did she have anybody with her helping 15 to translate from her native language? 16 A. Oh, I speak her native language. 17 Q. What is her native language? 18 A. She's from Pakistan. She speak Urdu and 19 Hindi. 20 Q. And did you speak in her native language 21 when you performed this --</p>	<p>1 that you found that she made any complaint of 2 hearing impairment? 3 A. When she, when she came to me, she already 4 had these studies done by the previous treating 5 physician. She came to see -- this accident 6 happened on November 1st, 2002. These tests were -- 7 and I saw her on July 29th, 2003. There's a gap 8 here, and before she came to me, she was complaining 9 of these symptoms after the accident, and the 10 treating neurologist performed those tests. 11 Q. Now, those studies were all negative, 12 meaning that they didn't find anything wrong, 13 correct? 14 A. That's correct. That's correct. 15 Q. Now, Doctor, when you saw her, you had 16 some recommendations for her, did you not? 17 A. I do. 18 Q. Okay. And your recommendation was first 19 for you to get her past medical records, and then 20 you wanted to see her again in two weeks, correct? 21 A. That's correct.</p>
<i>Page 50</i>	<i>Page 52</i>
<p>1 A. Yeah, I understand her, both she speak 2 English and I speak her native language, and she 3 understand me, I understand her. 4 Q. So you did take a history -- 5 A. I did. 6 Q. -- speaking in -- 7 A. Right. 8 Q. -- her language? 9 A. That's correct. 10 Q. Okay. Now, in that history, you have that 11 there's no history of headache, hearing loss, visual 12 changes, tinnitus, blurred vision, hoarseness or 13 vertigo. Is that accurate? Plus a few other 14 things, loose tooth. Is that accurate under 15 H-E-E-N-T that you asked about those things and she 16 didn't have a problem with those things? 17 A. Correct. The notes are this July 29th. 18 Q. Okay. But you had previously testified 19 that you felt that an audiogram for hearing 20 impairment was appropriate. Did you find in the 21 medical documentation, or when was the first time</p>	<p>1 Q. And when you saw her again in two weeks, 2 you had some recommendations for her, correct? 3 A. I do. 4 Q. And what were your recommendations for her 5 at that time? 6 A. I saw her on August 5th, 2003, and I told 7 her that, I just basically discussed the changes 8 that she had on EMG nerve conduction studies, and I 9 told her that you had tried physical therapy, you 10 tried the injection, medication, and you need a 11 epidural steroid injection. Those are the 12 medication that we inject into the spinal, covering 13 of the spinal canal called epidural space, and I 14 give her, until she make up her mind, I give her the 15 medicine, which is more potent medicine called 16 Prednisone in the form of dose pack, said try this 17 more potent medication to relieve the inflammation, 18 relieve the muscle spasm and improve her function, 19 and I told her to do some neck exercises and some 20 back exercises and then come back and see me. 21 Q. And Doctor, you saw her on a total of nine</p>

13 (Pages 49 to 52)

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1 occasions, including two recently in proximity to
2 the trial, correct?
3 **A. Right.**
4 **Q.** And with those nine occasions that you
5 have seen her, you've recommended to her epidural
6 steroid injection that you could perform because you
7 thought it could give her some relief, correct?
8 **A. No, I -- the epidural steroid injection in
9 the hospital by the anesthesiologist. They need to
10 be observed. These, these procedure done in a
11 hospital setting.**
12 **Q.** She has never done that, correct?
13 **A. She did not have the resources, the money
14 to go for this, and I believe there was some
15 concern. My job is to tell the patient go and get
16 this thing done, and if they cannot afford to go for
17 it, they don't have health insurance, there's
18 nothing more I can offer.**
19 **Q.** Okay, Doctor, and you also recommended on
20 at least three occasions for a second opinion with a
21 neurosurgeon, [REDACTED], correct?

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1 **A. Right.**
2 **Q.** And you work well with [REDACTED]
3 **A. I told her to go see and see [REDACTED]
4 whether she was able to make an appointment. To my
5 knowledge, she was not able to see him because they
6 want money upfront.**
7 **Q.** Okay. But that was on at least three,
8 possibly four different occasions where you
9 suggested that she see Dr. --
10 **A. Right.**
11 **Q.** -- a neurosurgeon?
12 **A. A neurosurgeon.**
13 **Q.** -- [REDACTED]?
14 **A. Right, is one of them.**
15 **Q.** Okay. And Doctor, I notice here that
16 there's copies on your reports beginning in October
17 of '03 to an attorney's office?
18 **MS. ZOIS:** Objection. Move to strike.
19 **A. We, every time we have a, a patient who we
20 think that this is all we could do for them, and
21 then we send the report if, because if they consider**

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1 **request it, because there's a letter from her legal
2 representative that they want a copy of the medical
3 record if the case is closed or not, and that's what
4 we do.**
5 **Q.** And when she came back to you in July 24th
6 of '06, it was important for you to note in your
7 record and history that she was scheduled to go to
8 court on August 2nd of '06?
9 **A. Do I have --**
10 **Q.** July 24th --
11 **A. She comes back to see me that she -- when
12 I take the history and ask her what's happening,
13 what's going on, are you getting any treatment or if
14 there's any, did you seek any medical attention or
15 see anybody, she told me that she went to see
16 [REDACTED] and she tried the medication and
17 whatever history was taken from them.**
18 **Q.** Okay. And Doctor, in all of your exams,
19 her neurologic examinations were normal?
20 **A. That's correct.**
21 **Q.** And Doctor, in all of your exams, her

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1 strength and extremities was normal?
2 **A. That's correct. That's part of the
3 neurological exam.**
4 **Q.** And if there was actually spinal damage
5 where a nerve was being pinched, that would keep her
6 from being able to use those extremities and you
7 would see that with atrophy?
8 **A. If there is any involvement of the
9 isolated nerve like, for example, C-7, C-6, then you
10 can, the atrophy or weakness of that specific nerve
11 root distribution. In her case, the problem is more
12 like bulging disk and pressure on the spinal cord.
13 That can cause more localized pain in the neck, not
14 a radicular pain.**
15 **Q.** Doctor, how many Medrol dose packs did you
16 have this patient take?
17 **A. According to my knowledge, three.**
18 **Q.** And a Medrol dose pack just so that the
19 jury knows, that's a really tiny steroid pills that
20 you start off taking like seven on one day and then
21 you work down to one on the 10th day?

Deposition of [REDACTED]
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1 **A. That's, that's correct.**
2 Q. Okay. And did you see any benefit to the
3 patient from taking those, or did she take them?
4 **A. I recommended she -- whether she took them**
5 **or not, my documentation that I recommended this**
6 **patient. To my knowledge, she took them.**
7 Q. And did you report the effect that those
8 dose packs had on her, whether there was a benefit
9 or not as a result of them?
10 **A. She had them at one course in August 2003.**
11 **Then she had second in March 2004, and that's pretty**
12 **potent drug that relieved her pain, yes.**
13 Q. Did you document when you asked her did
14 this dose pack help, did it help her?
15 **A. Yes, it did help.**
16 Q. For what period of time?
17 **A. See, these, these anti-inflammatory, if**
18 **you give them in a strong, in form of ball, they**
19 **help them for four to six weeks, and then sometimes**
20 **they can have recurrent pain if they have**
21 **significant pathology.**

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1 Q. Do you have anywhere where you documented
2 that it helped her for four to six weeks on any
3 occasion?
4 **A. I gave her one dose back on March 2nd,**
5 **2004, and I just note she tried Medrol dose pack, an**
6 **anti-inflammatory agent. It didn't help her much.**
7 Q. Okay. Doctor, how often do you testify
8 for legal proceedings?
9 **A. At least two to three times a year for my**
10 **workmen comp cases or accident cases.**
11 Q. Well, worker's compensation cases, it's
12 very rare that they would have you testify for them
13 because they use your reports for them, correct?
14 **A. It depends. Sometime if there's any, any,**
15 **any disagreement, they come and take the deposition.**
16 Q. Okay. And what percentage of the times
17 that you testify is it on behalf of your patients?
18 **A. It's 50-50 almost.**
19 Q. Fifty percent --
20 **A. Fifty -- if I do four, I do two for, two**
21 **for plaintiff, two for the defense.**

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1 Q. And who do you do work for for the
2 defense?
3 **A. We work for the Department of Labor, their**
4 **worker insurance fund, but rarely, we do accident**
5 **cases.**
6 Q. How many -- is that with independent
7 medical exam work?
8 **A. That's correct.**
9 Q. And how much independent medical exam work
10 do you do?
11 **A. We do like three or four, five, three to**
12 **five cases a month, sometime a week.**
13 Q. Three to four, five cases a month,
14 sometimes a week?
15 **A. Right.**
16 Q. Meaning it varies?
17 **A. Right.**
18 Q. And do you solicit that work?
19 **A. No, sir, we don't do it.**
20 Q. And Doctor, my understanding of the care
21 of this patient is that there's really no further

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1 treatment that you intend to give to her other than
2 the injections that she's chosen not to do and
3 second opinion with the neurosurgeon?
4 **A. That's correct.**
5 MR. FERRIS: Thank you, Doctor.
6 THE WITNESS: Thanks.
7 E X A M I N A T I O N
8 BY MS. ZOIS:
9 Q. Doctor, just quickly, the forensic work
10 that you do, the two or three times a year or the
11 evaluations that you do, is that a significant part
12 of your practice --
13 **A. It's very --**
14 Q. -- or a small part of your practice?
15 **A. It's very, very little part of my**
16 **practice. This is only for the patient that I**
17 **treat. For example, this patient I treated. Now,**
18 **you taking my deposition. That's all I do. I don't**
19 **advertise for anything. I don't treat, go for the**
20 **patient that I have not treated. The independent**
21 **medical examination I do for the workmen**

Deposition of [REDACTED]
Taken on September 21, 2006

<p style="text-align: right;"><i>Page 61</i></p> <p>1 compensation injuries, occasionally, they come and 2 take the deposition. 3 Q. And that part, that forensic work that you 4 do -- 5 A. Is very, very little. 6 Q. Okay. 7 A. Hardly any. 8 MS. ZOIS: No further questions. 9 VIDEOGRAPHER: The time now is 4:53. This 10 deposition has concluded. 11 (The deposition concluded at 4:53 p.m.) 12 13 14 15 16 17 18 19 20 21</p>	<p style="text-align: right;"><i>Page 62</i></p> <p>1 STATE OF MARYLAND 2 I, Kathryn M. Benhoff, a Notary Public in 3 and for the State of Maryland, do hereby 4 certify that the within named, DR. H. S. PABLA, 5 personally appeared before me at the time and 6 place herein set according to law, was 7 interrogated by counsel. 8 9 I further certify that the examination was 10 recorded stenographically by me and then 11 transcribed from my stenographic notes to the 12 within printed matter by means of 13 computer-assisted transcription in a true and 14 accurate manner. 15 I further certify that the stipulations 16 contained herein were entered into by counsel 17 in my presence. 18 I further certify that I am not of counsel 19 to any of the parties, not an employee of 20 counsel, nor related to any of the parties, nor 21 in any way interested in the outcome of this 22 action. 23 AS WITNESS my hand and Notarial Seal this 24 28th day of September, 2006, at Easton, 25 Maryland 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000</p>
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