DIPLOMATES
AMERICAN BOARD
OF
NEUROLOGICAL SURGERY

(1931-1992)

Re: Mr.

Dear Mr.

I have reviewed the records on Mr. regarding injuries sustained in an auto accident while on the job from and in responding to your letter request.

Mr. had a prior back injury from the 1980's and underwent surgery in 1989 for a probable left L4-L5 lumbar discectomy. He recovered well from this surgery. By history he returned to work and had no further problems with his back requiring further medical care prior decade prior to his accident of 2004. As well, there is no medical records to suggest prior problems of neck and arm pain prior to his accident of 2004.

With the accident of he developed back and bilateral lumbar radiculitis the left greater than the right and eventually underwent lumbar decompression and fusion at L4-L5 with a fifty percent improvement of his back and leg pain complaints. As well, he continues to have symptoms of neck and right cervical radiculitis of a right C6 nerve root impingement syndrome.

There is a visit to his physician with complaints of neck pain from . No radiculitis was present or neurologic findings noted. X-rays showed degenerative disc disease of the cervical spine at that time.

In the medical record there is a complaint of head injury that was alleged. No physical head injury was noted. The cerebral concussion that is related to is probably a misdiagnosis. He had headache develop after his accident probably related to his cervical spine muscular injury that occurred and not to brain injury. His persistent symptoms that he

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To:

Re:

has over the next few years correlate much better with a cervical myospasm syndrome secondary to nerve root impingement syndrome then with head injury with a prolonged post-concussive syndrome.

It is my opinion with a reasonable degree of medical probability that Mr. sustained a traumatic nerve root impingement syndrome cervical spine injury as a result of the injury. As well, it is my opinion to a reasonable degree of medical probability that Mr. sustained lumbar spine injury to his L4-L5 segment, aggravating preexisting condition that caused him to have subsequent surgery to repair an L4-L5 lumbar decompression and fusion.

Mr. 's ability to return to work should be established by a functional capacity evaluation for both his cervical and lumbar spine problems. I suspect they will demonstrate he cannot return to his former employment but might be capable of a lesser employment with lesser physical requirements.

Mr. may well undergo future surgery on his cervical spine in an attempt to relief and improvement of his symptoms. This may be done with cervical laminectomy or with anterior cervical discectomy and fusion.

At this point Mr. continues to have symptoms of post laminectomy syndrome with lumbar spine status post fusion with mostly lumbar segmental dysfunction symptoms and some neuropathy of his left leg. He continues to have symptoms of cervical segmental dysfunction of his cervical spine with cervical radiculitis related to nerve root impingement syndrome related to the cervical discogenic stenosis and persistent impingement present.

If further opinions are required, please contact me again directly for such.

Very sincerely yours,

HMS/drd